

The Commonwealth of Massachusetts Division of Professional Licensure

239 Causeway Street ☐ Boston, MA 02114
Board of State Examiners of Plumbers and Gasfitters
(617) 727-9952

Forms available at http://www.state.ma.us/reg/boards/pl/forms.htm

APPLICATION FOR DUAL FUEL GAS SYSTEM \$75.00 FEE

To the Board of State Examiners of Plu	ımbing and Gas Fitters and the Gas
Inspector for the City of	
Company/Name:	
Street/City:	
Signature/Title:	
is requesting a duel fuel gas system fo	r
Location	
Reason (s)	
	are not permissible without the prior written of Plumbers and Gas Fitters. Application
must show all required signatures before	
A completed copy of this dual fuel reques	st shall be filed by the applicant with
the local gas inspector and fire chief befo	ore the start of any work.
Signature of Requesting Party	Date
Signature of Local Gas Inspector	Date
Signature of Local Fire Chief	 Date
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